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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS			R OF	Filing Date		7/21/2006
				First Named Inventor		KOBAYASHI
			Art Unit		1625	
			EADDDECC	Examiner Name		John Mabry
			E ADDRESS	Attorney Docket Number		1680/54
I hereby revoke all previous powers of attorney given in the above-identified application.						
A Power of Attorney is submitted herewith.						
OR I hereby appoint the practitioners associated with the Customer Number: 25297						
Please change the correspondence address for the above-identified application to:						
Customer Number:				25297		
OR						
Firm or Individual Name						
Address						
City				State		Zip
Country						
Telephone	elephone				Email	
l am the:  Applicant/Inventor.  Applicant/Inventor.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
***************************************		SIGNATU	RE of Applicant or	Assignee	e of Record	
Signature Michie Olgana						
Name Michio Chard						
Date 24 August 2010				Тејернопе		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
Total offorms are eubmilited.						

This collection of information is required by 87 CFR 1.186. The Information is required to obtain or relatin a bernefit by the public which is to fine (unit by the USFT to process) are supplicable. Condificiently in powered by 95 LES. 0.122 and 97 CFR 1.11 and 1.14. This collection is estimated to tellar 5 minuted to complete, including against view, preparing, and submitting the completed application, from to the USFTO. Then will keep depending upon the including case. Any comments on the amount of the propure part for complete the first marked viewgetimes for including this burder, should be sent to the Chief information Officer, U.S., Palent and Truderant Collection, U.S. Department of Commence, P.O. Box 1462, Alcountifit, V. 22311-4460. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SERVO TO: Commission for of Palents, P.O. Device 4460, Alcountifit, V. 22311-4460.